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7590

09/06/2005

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**John A. Miller**  
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10/28/2005 HGUTEM2 00000009 10647569

01 FC:1501 1400.00 OP  
 02 FC:1504 300.00 OP  
 03 FC:8001 30.00 OP

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<b>John A. Miller</b>	(Depositor's name)
<i>John A. Miller</i>	(Signature)
10/25/05	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/647,569	08/25/2003	Lawrence D. Favro	WSU-00002	3250

TITLE OF INVENTION: SYSTEM AND METHOD FOR MULTIPLE MODE FLEXIBLE EXCITATION AND ACOUSTIC CHAOS IN SONIC INFRARED IMAGING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	12/06/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
POLYZOS, FAYE S	2878	250-341600

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 John A. Miller  
Warn, Hoffmann,  
 2 Miller & LaLone,  
 3 P.C.

### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Wayne State University**

**Detroit, MI USA**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies Ten (10) x \$3 = \$30

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- ☒ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50 1612 (enclose an extra copy of this form).

### 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature John A. Miller  
 Typed or printed name John A. Miller

Date 10/25/05  
 Registration No. 34985

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